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Full Length Research Paper

Investigating factors that impede proper prescription writing in Jimma University Specialized Hospital

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The word "prescription", from "pre-" ("before") and "script" ("writing, written"), refers to the fact that the prescription is an order that must be written down before a drug can be dispensed. Prescription is a written order by the prescriber to the dispenser on how the drug should be dispensed. It serves as a means of communication among the prescriber, dispenser and drug consumer pertaining to treatment. That is why doctors are legally obliged to write prescription clearly. However, most of the time prescriptions are found to be unclear. Accordingly, the main objective of this survey study was to investigate the factors that affect proper prescription writing in Jimma University specialized hospital. In order to achieve the main objective, four specific objectives related to knowledge and perception on importance of good prescription and consequences of sloppy prescription writing, the practice of good prescription writing and other factors that affect the proper prescription writing were formulated. One hundred (25%) of the physicians and 50(100%) of the pharmacists were included in the survey. In order to select sample physicians, convenience sampling technique was employed. In order to collect data from the sample, two instruments namely questionnaire and document analysis were used. The collected data were analyzed using percentage and mean value. The result of the survey showed that most of the physicians have knowledge on the importance of clear prescription writing and they positively perceived that sloppy prescription writing has negative impact on both pharmacists and patients. Nevertheless, the magnitude of writing clear prescription was low because 54.8% of the sample prescriptions were proved to be illegible. Moreover, 70% of the pharmacists also reported that physicians write clear prescription only some times. The major factors that affect the proper prescription writing, according to the physicians, are shortage of time (69%), difficulty of some medicine names to spell (80%) and lack of feedback from pharmacists (52%) on their (physicians') unclear prescription writing. Therefore, the university in collaboration with the hospital administrative bodies, ministry of health and other concerned bodies should work to make the physicians responsible and work cooperatively with pharmacists to alleviate the problem because illegible prescription may pose a medical threat to the treatment of a patient.

Key words: Prescription, writing, medical threat, illegible handwriting.

INTRODUCTION

The word "prescription", from "pre-" ("before") and "script" ("writing, written"), refers to the fact that the prescription is an order that must be written down before a drug can be dispensed (DACA of Ethiopia, 2011). Prescription is a

written order by the prescriber to the dispenser on how the drug should be dispensed. It serves as a means of communication among the prescriber, dispenser and drug consumer pertaining to treatment or prophylaxis (DACA of Ethiopia, 2010).

It is often claimed that prescription is only meant for peers, who are specialized in deciphering the scrabbling because they most probably produce similar notes. Another joke says that while doctors are trained to write unreadable notes, pharmacists are trained to decipher them (Majorie, 2012).

Unlike the claim, DACA of Ethiopia (2010) argues that though there is no global standard for prescriptions and every country has its own regulations, the most important requirement is that the prescription be clear, legible and indicate precisely what should be given. Precise, according to Neville and Martin (2006), does not always mean short, but it means accurately expressed. They suggest that something that is precise will be clear and unambiguous, which is what is needed in scientific or medical writing.

Poor handwriting is a well-known and preventable cause of dispensing errors. All physicians share in the responsibility for preventing adverse drug events by writing prescriptions clearly and questioning intent whenever an order is ambiguous (Murray et al., 2009). It is assumed that the doctor is always focusing on the diagnosis and medication more than on writing the prescription (Majorie, 2012). However, trying to save time by writing quickly is a false economy (National Handwriting Day, 23). Doctors are legally obliged to write prescription clearly. They are under a legal duty of care to write clearly, that is with sufficient legibility to prevent medication error *(BMJ, 1999).*

Some abbreviations that are ambiguous, or that in their written form might be confused with something else, are not recommended and should be avoided during prescription writing (WHO, 2008). This is because abbreviation of the word units to IU resulted in the administration of 10-fold overdoses of insulin when prescriptions for 6IU were misread as 61 units (Pharm, 2001; 267:193). Many serious dispensing errors can be traced to the use of abbreviations (Cohen, 2007). The abbreviation "U" or "I" must NOT be used when writing prescription, as it leads to errors such as misinterpretation of "U" as 0 or 4, or "IU" as 10 or 14. The word "unit" should be written as such. The use of a slash mark (/) to separate names and doses can result in the incorrect drug or dose being dispensed; the slash mark may be interpreted as a letter or number (Teichman and Caffee, 2002). Moreover, unnecessary use of decimal points in prescription writing results in ineffective communication that can cause medication error (WHO, 2008).

Prescribing is one aspect of patient care where it is possible to do considerable harm if not done judiciously (www.xenomed.com/forums/jnma). More problems are caused by medications than illness and implausibly, there is evidence that medication errors and adverse events are the primary cause of death in the United States today (National Handwriting Day, 23). According to report from the Institute of Medicine (IOM) (2006), doctors' sloppy handwriting kills more than 7,000 people annually in America. As indicated by Majorie (2012), many such errors result from unclear abbreviations and dosage indications and illegible writing on some of the 3.2 billion prescriptions written in the U.S. every year.

Moreover, illegible handwriting can delay treatment and lead to unnecessary tests and inappropriate doses which, in turn, can result in discomfort and death (National Handwriting Day, January 23). Administrators and health systems analysts should be aware of sloppy prescription writing which can lead to prolonged hospital stay and significant clinical deterioration (ibid).

Many pharmacists also complain about sloppy handwriting saying that it is more than an annoyance; it causes some very serious and costly problems in the real world (National handwriting day, January 23).

Abdella and Wabe (2012) conducted research on prescribers' adherence to the basic principles of prescription order writing in Jimma health center. Their findings showed that prescribers had good adherence with some variables such as number of drugs per prescription, sex, age and generic name and poor adherence with some variables such as card number, prescribers' name and signature and strength. However, this study is different in that it dealt with the factors that contribute to sloppy prescription writing.

The researcher, most of the time, tried to read the prescriptions written for him and for others in hospitals in different times and he found them unclear. Moreover, he, one day, heard the pharmacists complaining about sloppy prescription writing on one of the FM radio programs in his country. Thus, it is with this intention that he wanted to investigate the factors that impede proper prescription writing in Jimma University specialized hospital.

METHODS

Institutional based cross- sectional study was carried out on factors that impede proper prescription writing in Jimma University specialized hospital in November 2014. The term proper in this survey refers to the word clear or legible. Thus, proper prescription writing refers to clear and understandable writing which also incorporates the physician's name and phone number. The combination of qualitative and quantitative methods was employed for the survey.

Population and sample

Physicians and pharmacists of the hospital were the subjects of the study. As the information obtained from the hospital's human resource shows, the total number of physicians and pharmacists in the hospital were 403 and 50 respectively. In order to get sample physicians, convenience sampling technique was used. Since the

Table 1. Data obtained from sample prescriptions.

NO	Item	Yes		No	
		F	%	F	%
1	The prescription is readable	226	45.2	274	54.8
2	Abbreviation is not used	112	22.4	388	77.6
3	Name of the prescriber is written	125	25	375	75
4	Phone number of the prescriber is written	-	-	500	100
5	Signature of the prescriber is put	500	100	-	-

pharmacists were few (50) in number, they were all included in the study. Accordingly, 100 (25%) of the physicians and 50 (100%) of the pharmacists were included in the study.

Instruments and procedures

Both questionnaire and document analysis were used to collect data for the study. The researcher used more of closed-ended questions for both physicians and pharmacists. This is because, according to Kumar, 1996: 119, closed ended questions provide 'ready made' categories within which respondents reply to the questions asked by the researcher. All the questionnaires were pre tested and finally administered after they were passed through evaluation and criticism and proved to be valuable. All of the respondents answered the questions and returned the question papers.

In order to substantiate the data obtained through questionnaire, the researcher also used document analysis. As the information obtained from Jimma University model pharmacy shows, number one model pharmacy receives 500 prescriptions in average per day. The researcher randomly selected 500 prescriptions and analyzed them in terms of the check list he already prepared. The check list contains five (5) items. The five items were chosen because they are more related to the issue of proper prescription writing. Before using the check list for analysis, the researcher got it checked and proven by his colleagues.

Methods of data analysis

The data obtained through the instruments were analyzed using both qualitative and quantitative methods. Simple statistics such as percentage and mean values were used to report the results in numerical values whereas the qualitative data were described using descriptive method.

RESULTS

Hundred (100) sample physicians and all (50) pharmacists were included in the study. Totally 150 respondents were selected as a sample for the study. Sixty percent (60%) of the physicians are graduating physicians (internship) whereas 35% of them are qualified in first degree (MD) and the rest 5% are specialists. Eighty nine percent (89%) of the physicians are between the ages of 20-30 whereas the rest 11% are between the ages of 31-40. All of the graduating physicians (internship) (60%) have served as a physician for not more than one year and they write 10 to 25 prescriptions

per day in average whereas the rest 40% of the physicians have served as a physician for more than two years (ranges from 2-6 years) and they write 30 to 55 prescriptions per day on average.

The table 1 above shows that 54.8% of the sample prescriptions are not readable. At the same time, 77.6% of the prescriptions are full of abbreviations. Although 100% of the physicians put their signature on the prescription they write, 75% of them do not write their name on the prescription and 100% of the physicians do not write phone number on the prescriptions they write.

Majority of the physicians did not support the use of difficult terms in prescription writing by indicating their strongly disagreement (27%) and disagreement (35%) to the item that says difficult terms are preferable in prescription writing because they are more scientific. Moreover, all of the respondents (100%) showed that sloppy hand writing in prescription leads the pharmacists to misinterpretation and the result can affect the patient (Table 2).

More than half (64%) of the respondents supported that prescription should be legible to any literate person. The same number (64%) of the respondents (physicians) perceived that they cooperate with pharmacists when unclear prescription is received. Significant number of them (83%) also indicated that they are legally responsible to write a prescription clearly.

Moreover, majority of the respondents did not support the use of abbreviation in prescription writing by indicating that they strongly disagree (31%) and disagree (27%) with the assumption that says abbreviation is preferable in prescription because writing full word is wasting time.

Writing clear and unambiguous prescription is very important and it is one aspect of patient care (www.xenomed.com/forums/jnma). Nevertheless, there are many constraints which may hinder the physicians to do so. Regarding this, 6 main common factors are selected and included for the physicians (Table 3). The responses of the physicians on these factors are analyzed and presented below.

Majority of the physicians (69%) responded that shortage of time affects their proper prescription writing. The mean value (3.5) also shows that shortage of time affects the physicians' proper prescription writing. The

Table 2. Physicians' perception on the way prescription should be written.

No	Items	1=Strongly disagree		2=Disagree		3=Not sure		4=Agree		5=Strongly agree		(∑VXf)	X=∑VXf/N
		F	%	F	%	F	%	F	%	F	%		
1	Difficult terms are preferable in prescription writing because they are more scientific	27		35				20		18			2.9
2	Sloppy hand writing in prescription leads the pharmacists to misinterpretation.	8		4				65		23			3.9
3	Sloppy hand writing in prescription can affect the patient.	9		7				60		24			3.8
4	Prescription should be written in the way that no one is able to read except the pharmacist.	37		27		6		20		10			2.4
5	It is up to the pharmacist to understand a prescription	40		24		1		18		17			2.5
6	Abbreviation is preferable in prescription because writing full word is wasting time.	31		27				31		11			2.6
7	Prescription writers are legally responsible to write prescription clearly.	15		1				40		43			3.9
G/M													3

Table 3. Physicians' response on factors that affect their proper prescription writing.

No	Items	1=Never		2=Little		3=Undecided		4=To some extent		5=Toomuch		(∑VXf)	X=∑VXf/N
		F	%	F	%	F	%	F	%	F	%		
1	Shortage of time	11		20		_		44		25			3.5
2	Difficulty of some medicine names to spell	7		13				57		23			3.8
3	Lack of concentration	31		24		-		36		9			2.7
4	Lack of awareness on the consequences of sloppy prescription writing	43		24		-		19		14			2.4
5	Lack of feedback from pharmacists on my writing of prescription	18		30		-		35		17			3
6	The way I was taught about prescription writing	38		22		-		31		10			2.5
G/M													2.7

other factor that affects the physicians' proper prescription writing as indicated by many of them (80%) is difficulty of some medicine names to spell. Besides, more than half (52%) of the physicians indicated that they do not get feedback from pharmacists on the illegibility of the prescriptions they (physicians) write.

More than half of the physicians (55%) said that they usually write clear prescription whereas 35% of them said that they always write clear prescription. Regarding whether the physicians write their name on the prescription they write or not, the mean value (3.6) tends to show that they usually write their name. Nevertheless, more than

half of the respondents (70%) indicated that they do not write their phone number on the prescription they write (table 4).

Significant number of the physicians (88%) responded that they know that the use of abbreviation in prescription increases risk of medication error. At the same time, 85% of them

Table 4. Physicians' response on how often they write proper prescription.

No	Item	1= Never		2= Rarely		3= Sometimes		4= Usually		5= Always		(∑VXf)	X=∑VXf/N
		F	%	F	%	F	%	F	%	F	%		
1	I write prescriptions clearly	-		-		10		55		35		425	4
2	I write my name on the prescriptions I write	6		16		20		30		28		358	3.6
3	I write my phone number on the prescriptions I write	70				10		11		9		194	1.9
G/M													3

Table 5. Physicians' knowledge on how and why to write proper prescription.

No	Item	yes		No		Not sure	
		No	%	No	%	No	%
1	The use of abbreviation in prescription increases risk of medication error.	88		9		3	
2	Proper prescription writing is one aspect of patient care.	85		11		4	
3	Decimal number can be misread if zero is not used before the point.	71		15		14	
4	Un clear prescription can miss lead the pharmacist	81		17		2	

Table 6. Pharmacists' response on how often the physicians write proper prescription.

No	Items	1= Never		2= Rarely		3= Sometimes		4= Usually		5= Always		(∑VXf)	X=∑VXf/N
		F	%	F	%	F	%	F	%	F	%		
1	Physicians write prescriptions clearly	-	-	-	-	35	70	8	16	7	14		3.4
2	Physicians write their name on the prescriptions they write	46	92	4	8								1.6
3	Physicians write their phone number on the prescriptions they write	47	94	3	6								1
4	Physicians use difficult terms in their prescription writing	1	2	4	8	10	20	14	28	21	42		4
5	Physicians use abbreviations in their prescription writing	2	4	5	10	31	62	12	24				3
G/M													2.6

also said that they know that proper prescription writing is one aspect of patient care. Moreover, 81% of the physicians showed that they know the consequences of unclear prescription (Table 5).

In order to substantiate the responses of the physicians on how often they write proper prescription, five (5) items are included in the pharmacists' questionnaire (Table 6). Their responses are analyzed and presented below.

Significant number of the pharmacists (70%) responded that physicians write clear prescription only sometimes. The mean value (3.4) also indicates that they do it only sometimes. Moreover, 46% of the pharmacists responded that the physicians never write their name on the prescription they write whereas the rest 54% of them indicated that the physicians rarely write their name on

the prescription. Almost all of the respondents (94%) answered that physicians do not also write phone number on the prescription they write. Regarding the use of difficult terms which can affect the readability of prescription, the mean value (4) indicates that the physicians usually use them in the prescriptions they write. More than half (62%) of the pharmacists also said that physicians sometimes use abbreviations when writing prescriptions whereas 24% of them indicated that physicians usually prefer abbreviation to writing full words when writing prescription.

In order to assess pharmacists' perception on the impact of improper prescription, 3 items are included in their questionnaire (Table 7). Their responses are analyzed and presented below.

Table 7. Pharmacists' perception on the consequences of improper prescription writing.

No	Items	1= Strongly disagree		2= Disagree		3= Not sure		4= Agree		5= Strongly agree		(∑VXf)	$X=\frac{\sum VXf}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	Unclear hand writing in prescription leads me to misinterpretation.	1	2					3	6	46	92		4.9
2	The use of abbreviation in prescription can mislead me	1	2	2	4	1	2	13	26	33	66		4.5
3	Most prescriptions are difficult to understand for the beginners	3	6	5	10	6	12	17	34	19	38		3.8
G/M													4

Table 8. Pharmacists' reaction to improper prescription.

No	Items	1= Never		2= Rarely		3= Sometimes		4= Usually		5= Always		(∑VXf)	$X=\frac{\sum VXf}{N}$
		F	%	F	%	F	%	F	%	F	%		
1	I do not dispense medicine for un clear prescription			5	10					45	90		5
2	I call a prescriber for clarification of un clear prescription.	36	72	14	28								1.3

Majority of the pharmacists (92%) said that unclear hand writing in prescription can lead them to commit medication error by misinterpreting. The same number (92%) of them also indicated that the use of abbreviation in prescription can mislead them. Moreover, 72% of the respondents supported that most of the prescriptions they receive are difficult to understand for the beginners.

In order to know the pharmacists' reaction against improper prescription, two (2) items are included in pharmacists' questionnaires (Table 8). Thus, their responses on the items are analyzed and presented below.

Majority of the pharmacists (90%) said that they do not dispense medicine for unclear prescription. Besides, 72% of them also indicated that they never call a prescriber for clarification of unclear prescription whereas the rest 28% of them said that they rarely call the prescriber for clarification.

DISCUSSION OF THE RESULTS

This part deals with the discussions of the results of the study in response to the research objectives. Below are the research questions to be discussed:

1. Do physicians have necessary knowledge on the impact of sloppy prescription writing?
2. Do physicians positively perceive the fact that prescriptions should be written clearly?
3. To what extent do physicians practice their legal responsibility when writing a prescription?
4. What are the other factors that affect proper prescription writing?

Do physicians have necessary knowledge on the impact of sloppy prescription writing?

Being alert to common problems that can occur with medication orders can assist in reducing medication errors (Murray et al., 2009). Thus, in order to assess whether physicians have necessary knowledge on how to write proper prescription, 4 questions were included in physicians' questionnaires. Accordingly, all of the physicians responded that they have necessary knowledge on how to write proper (clear) prescription. They also revealed that clear prescription writing is one aspect of patient care. Nevertheless, their knowledge on the importance

of clear prescription writing did not help them to be pragmatic about it because more than half (54.8%) of the sample prescriptions were proved to be unclear. Moreover, 70% of the pharmacists witnessed that physicians write clear prescription only sometimes. This implies that they are not putting their knowledge in to practice.

Do physicians positively perceive the fact that prescriptions should be written clearly?

In order to find out physicians' perception on the way how prescription should be written, 7 questions were prepared and included for the physicians. Accordingly, the analyses of physicians' responses revealed that majority of the physicians seem to have positively perceived that prescription should be written clearly to avoid the negative consequences of illegible prescription. Nevertheless, their positive perception on the importance of clear prescription and the consequences of unclear prescription did not help most of them to write it clearly. This was witnessed by the result obtained from document analysis which revealed that 54.8% of the sample prescriptions were found to be unclear.

To what extent do physicians practice their legal responsibility when writing a prescription?

Even though there is no global standard for prescriptions and every country has its own regulations, the most important requirement is that the prescription be clear, legible and indicate precisely what should be given (DACA of Ethiopia, 2010). Precise, according to Neville and Martin (2006), does not always mean short, but it means accurately expressed. They suggest that something that is precise will be clear and unambiguous, which is what is needed in scientific or medical writing. Neville and Martin (2006) also emphasize that readers should be able to understand a sentence on first reading, each idea following logically from the previous one. Moreover, if physicians include their name, phone number, signature, date and etc. in the prescriptions they write, not much can go wrong because if the pharmacist has any questions about the prescription (s), he can easily contact the prescriber (WHO,1992). In line to this, 3 important questions were chosen and included in the physicians' questionnaire to assess how often they write clear prescription and their name and phone number on it. The analysis of their responses is discussed below:

Majority of the physicians indicated that they usually write clear and legible prescriptions. The mean value (4) of their responses on this regard also showed that the physicians usually write clear prescription. Nevertheless, the result of document analysis (sample prescriptions) showed that 54.8% of the prescriptions were unreadable

while some from the rest are only semi readable. Moreover, 70% of the pharmacists supported that physicians write clear prescription only sometimes. As a result, many of the pharmacists, when asked what they do when they receive unclear prescription, said that they do not dispense medicine for unclear prescription which results to delay of treatment as a result of which the patient can be victimized. The idea on National handwriting day (January 23) supports this result that illegible handwriting can delay treatment and lead to unnecessary tests and inappropriate doses which, in turn, can result in discomfort and death. This implies that what physicians said about the clarity of their prescriptions and what they did are not the same. The following sample prescriptions support the result (Figure 1).

Doctors are legally obliged to write prescription clearly. They are under a legal duty of care to write clearly, that is with sufficient legibility to prevent medication error (BMJ, 1999). Sloppy handwriting in prescription can be interpreted by the jury as sloppy care (National Handwriting Day, January 23).

For the question that asks how often the physicians write their name on the prescription they write, majority of them said that they usually write their name on the prescriptions they write. The mean value (3.6) tends to show that they usually write their name on the prescription they write. However, the analysis of sample prescription result shows that few of the physicians (less than 25%) write their name when writing prescription. This shows that there is contradiction between what they say and what they practically do.

Prescriptions have legal implications, as they may indicate that the prescriber takes responsibility for the clinical care of the patient and in particular for monitoring efficacy and safety (Wikipedia, the free encyclopedia). Writing phone number is one of the implications. More than half of the respondents (70%) indicated that they do not write their phone number on the prescriptions they write. The analysis of sample prescription result (100%) showed that none of the physicians write phone numbers on the prescription they write. This was also supported by significant number of the pharmacists (94%). This implies that they are disobeying the legal requirement about prescription writing to work collaboratively with pharmacists to minimize medication error. The following sample prescriptions support the result (Figure 2).

This might be the reason for which majority of the pharmacists said that they do not call physicians for clarification of unclear prescription. So the only options that the pharmacists have are either to dispense medicine based on their experience or refrain from dispensing which either of them is not good.

What are the other factors that affect proper prescription writing?

Writing clear and unambiguous prescription is very

Figure 1. Sample illegible prescriptions.

Figure 2. Sample prescriptions with no phone number and prescribers name.

important because it is one aspect of patient care (DACA of Ethiopia, 2010). Nevertheless, there are many constraints which may hinder the physicians to do so. Regarding this, 6 main common factors are selected and included for the physicians. Below are their discussions: Majority (69%) of the physicians revealed that shortage of time affects their proper prescription writing. National handwriting day (January 23) argues that trying to save time by writing quickly in medical is thus a false economy. Moreover, 80% of the physicians indicated that they have spelling problem when writing some medicines name. The mean value (3.8) also showed they have spelling problem to some extent. On the free space given to late the respondents write on if they think that there are other factors to affect their clear prescription writing, few of them emphasized the difficulty of some medicine names to spell. This implies that difficulty of some medicine names to spell is one of the factors that affect physicians to write legible prescription.

The other factor which was identified was absence of feedback to physicians from pharmacists on the writing problem of prescription. This implies that there is no communication between the physicians and pharmacists during work time (through tell phone) and meeting time.

Conclusion

This survey, as mentioned in the introduction, was intended to investigate the factors that affect proper prescription writing in Jimma University specialized hospital. In order to achieve the main objective, the following four research questions were formulated:

1. Do physicians have necessary knowledge on the impact of sloppy prescription writing?
2. Do physicians positively perceive the fact that prescriptions should be written clearly?
3. To what extent do physicians practice their legal responsibility when writing a prescription?
4. What are the other factors that affect proper prescription writing?

Data were collected from both physicians and pharmacists. In order to collect data from the sample, two instruments namely questionnaire and document analysis were used. To substantiate the data obtained through questionnaire, sample prescriptions were analyzed. The collected data were analyzed using both qualitative and quantitative methods of data analysis. The quantitative values were reported using percentage and mean value. Accordingly, the following are the findings of the survey:

1. The physicians have necessary knowledge on the negative impact of sloppy prescription writing.
2. They also seemed that they have positively perceived that prescription should be written clearly to avoid the

negative consequences of illegible prescription. However, the magnitude of practicing their legal requirements about prescription writing is low because:

a. Majority of the sample prescriptions (54.8%) were unclear
b. All physicians do not write their phone number on the prescription
c. Abbreviations dominating in their prescription

3. The main factors that impede their proper prescription writing, as identified in the discussion, are listed below.

a. Shortage of time (69%)
b. Difficulty of some medicine names to spell (80%)
c. Lack of feedback from pharmacists on the writing problem of prescription (52%)

Recommendations

The problem of practice

1. Physicians should improve the magnitude of proper prescription writing by doing the following things:

a. Write legible prescriptions to avoid misinterpretation which leads to medication error.
b. write full words than using abbreviation in prescription writing
c. use zero before decimal point to avoid misreading of a dose
d. write their names and phone number to help the pharmacists to call back for clarification

The problem of time

The university and the hospital administrative bodies in collaboration with ministry of health should find a way to increase the number of their human resource on this line to minimize burden of prescription writing per day because it is a serious issue.

Moreover, the physicians themselves can minimize the problem of time by considering the following points:

- Avoiding lost time
- Avoiding late starts and early finishes
- Handling routine procedures smoothly and quickly

Difficulty of some medicines' name to spell

1. The concerned bodies ought to prepare some manual which contains some medicines names which are considered to be difficult to spell so that those who have spelling problem can study them.

2. Physicians should exert their efforts to know how each medicine name is spelt in advance.

Lack of feedback from pharmacists

First, the physicians themselves should be cooperative by writing their names and phone number on the prescriptions they write to help the pharmacists to call for clarification of unclear prescription which is on the other hand used as feedback for them.

Second, the university and the hospital administrative bodies should arrange a kind of forum on which both physicians and pharmacists meet to talk how they can make effective collaboration to benefit patients.

Finally, Ministry of health should give awareness creation on job trainings for the physicians on how and why to write proper prescription because it is one aspect of patient care.

Conflict of Interests

The author has not declared any conflict of interests.

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Full Length Research Paper

The sociolinguistics and pragmatics of greetings in Sidama

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The main objective of this study was to provide a descriptive account of the greeting system in Sidama, an Ethiopian Highland East Cushitic (HEC) language speaking people culture. Cross sectional and descriptive none interventional research design were followed. The research methodology used was qualitative. Sociolinguistic data were collected from six purposefully selected key informants who are native speakers of Sidama language who know the culture. Semi-structured interview guide was used to collect the sociolinguistic and cultural data. The finding showed that greeting in the Sidama culture is a tool to begin and end a conversation in a casual or planned meeting. The word keero 'peace' is at the core of the Sidama greeting. However, there are a number of greeting expressions, most of which are used metaphorically and pragmatically. A few of these include: daaʔe buʃʃu, suk'k'u daaʔe, sururu daaʔe and suk'k'u sururu daaʔe, all of which are referring to 'welcome' with different degrees of endearment. The greeting expressions differed based on gender of the interlocutors. However, a few of the greeting phrases were commonly used by women and men. Much of the greeting expressions were accompanied by non-verbal body languages, such as kissing and bowing. Kissing on cheek, lips, and knees were used to greet people of different ages, powers, social relationships, and sexes. There are restrictions on who may or may not kiss who. It was found that a son-in-law never kisses or hugs his mother-in-law. Father-in-laws can kiss his son-in laws and vice versa. A father-in law cannot kiss his daughter-in-law. Similarly, a daughter-in-law never greets by kissing her father-in-law, but she can do so to greet her mother-in-law. It was suggested that the greeting culture has to be well documented, and taught to the children of Sidama, who are already studying Sidama language from grade one to the higher education, and to others who may be using the language instrumentally.

Key words: Culture, greeting, pragmatics, Sidama, sociolinguistics.

INTRODUCTION

Sidama people live in the Sidama Zone of the Southern Nation, Nationalities and Peoples Regional State (SNNPRS). The Zonal capital, which is also the seat of the SNNPRS, is called Hawassa. It is located at 175 km south of Addis Ababa, the capital city of Ethiopia. The majority of Sidama people are farmers producing root

crops, such as Ensete, cereals like wheat, barley, peas and beans, cash crops, such as coffee. They also rear animals, such as cows, horses, sheep, goats, etc. Fishing is also common in some districts of the Zone. Coffee is the main cash crop grown in the Zone and that engages a number of traders.

Greeting is a means to embark onto a communication. Despite the degree of acquaintance, socio-cultural and power differences, people across cultures have to use greeting. It is important to begin a communication to smoothen social relationships. It is quite difficult to begin any communication without greetings, particularly when there is less acquaintance among interlocutors. It ranges depending on the time of greeting and social variables, such as age, gender, and power. Though greeting is universal phenomenon, the manner people greet one another is a culture specific. The greeting culture of Sidama is not documented and is not taught to students, though Sidama language is taught as a subject and used as a medium from elementary school to the university. This study thus attempts to fill in this gap.

Objective

The main objective of this article is to provide a descriptive account of greeting expressions used in the Sidama language.

LITERATURE REVIEW

The term Sidama refers to the Highland East Cushitic (HEC) Languages (Harold et al., 1976; Harold, 1969) speakers living in Sidama Zone of the SNNPRS. The language of Sidama is called Sidamu afo "the mouth of Sidama." There are some linguistic variations in Sidama language; the variations are said to be "minimal" (Hudson, 1976), but according to Kawachi (2007) the variations, both regional and social, are greater than Hudson has reported. (Kawachi, 2007) adds, "the speech variation between *Haadiichcho* clan, who often were considered potters (Brøgger 1986), and the *Yanase* clans, who are geographically separated from other clans" is significant.

Sidama people are surrounded by Cushitic and Omotic speakers. In fact, the Omotic languages were considered West Cushitic in the earlier literature. Sidama Zone borders in the North and North East with Arusi Oromo, in the South with Guji Oromo', in the West with Gedeo and in the North West with Wolayta. There are dictionaries in Sidamu afo including the Gasparini's (1983) bilingual dictionary of Sidamu afo and English and Hudson's (1989) dictionary of HEC in which a chapter is devoted to the Sidamu afo.

Abebe (1985) provides the Morphophonemics of Sidamu afo. A relatively thick description of Sidamu afo grammar was written by Teferra (2000) and Kawachi (2007). Teferra (1987) describes proper name avoidance or taboo of calling personal names by women when addressing their in-laws and husbands. A woman calls her husband by a nick name she bestows until she gives birth to a baby. Once the woman had a baby, she begins to call her husband as 'X's father', where 'X' represents the name of the child.

The most common phrases that are at the heart of Sidamu afo greetings are *keero* 'peace' *and daaʔe* 'welcome'. *Daaʔe* is neutral to gender differences; hence, can be used to welcome an individual irrespective of his or her sex. According to Markos et al. (2003), *daaʔe* expresses love that somebody has for another person and that the person has been missed 'for long'. To deny "someone a *daaʔe* during a formal or casual encounter is considered to be a hatred and enmity" (Markos et al., 2003). So far, the greeting system of Sidamu afo has not been studied either from descriptive or pragmatics perspectives. The present study is, thus, an attempt to fill in this gap.

MATERIALS AND METHOD

The methodology used is qualitative and descriptive. Language data, the greeting expressions, were gathered from key informants; then they were phonemically transcribed and transliterated. Finally, their socio-cultural and pragmatic meanings are provided. Since, the study is qualitative, generalization of the finding to some other language is not sought, but the finding can work to all speech communities of the language since there are no significant dialect variations that hinder intelligibility. The main data gathering tool is interview guide. The participants were purposefully selected based on their knowledge of the language and culture. Only six participants were used for the actual interview, however a number of greeting expressions were also collected from different people in actual communication situations.

RESULTS AND DISCUSSION

Meeting a person

When meeting a person, be it a first or second encounter, Sidama people use the phrase *keero* 'peace'. A similar concept, peace, is used as a greeting in other Ethiopian languages, such as Amharic (Ethiosemitic) *selam* 'peace', Wolayita (Omotic language): *saro* 'peace'; Nuer (Nilo-Saharan language): *maale* 'peace be with you' (Baye, 1997). The listener also responds with *keero* 'peace'. It is not clear whether the *keero* refers to a wish of the kind: 'I wish you peace' or asks a question, 'Is it a peace?' In some cases, *keero* 'peace' is accompanied by '*səlame*', which also mean 'peace' in Amharic. However, the Amharic form is '*səlam*' and the vowel {-e} is added to

make it compatible to the Sidamu afo phonological structure, in which words end, unlike in Amharic, only in vowels. It seems that *keero* expresses a wish *'peace be to you'* and the added phrase *selame* asks the question *'Is it a peace*?' The response to the phrase is almost always the same: *keero*.

Welcoming

The introductory greeting phrase *keero* is further extended to the welcoming phrases. There are several phrases used to welcome someone depending on the familiarity of the interlocutors and the degree of welcoming. The most common welcoming phrases are discussed:

(1a) *hawalle keeru-ni da-jito*
      well peace-in come- 2SM
      'you (2SM) welcome'
b) *hawalle keeru-ni da-jita*
    well peace-in come- 2SF
    'you (2SF) welcome'
c) *hawale keeru-ni da-gini*
    well peace-in come-2PL/ POL
    'you (PL/POL) welcome'

The welcoming is responded with a phrase given in 2:

(2) *hawale keeru-ni keʃʃitini*
    well peace-in stayed
    'Well stayed'

A welcome is also expressed with other expressions of different degrees of affection and respect. Most of the expressions are metaphorical, and interpreted non-literally as shown below:

(3) *daa-ʔe buʃʃu*
    come.3SM soil
    'let soil come'

Though literally it means 'let a soil come onto me' where 'me' refers to the speaker, the communicative function of the phrase is just a 'welcome'; however, metaphorically it means 'let me die.' Such self-cursing phrases are also used in other Afro-asiatic languages, such as Gurage (Tesfaye, 2012; Leslau, 1959 and 1952).

    The type of soil called to come into the addressee, and used for welcoming a person also matters regarding the degree of love and respect expressed to the welcomed person. For instance, *suk'k'u* 'top-light soil', *sururu* 'heavy and deep soil' or the combination of the two *suk'k'u sururu* 'light and heavy soil' are used to express less, more, and most love / respect offered to the person welcomed, respectively. So, the welcoming phrases may

assume one of the following expressions:

(4a) *suk'k'u daa-ʔe*
    top: soil come-3S
    'let top soil come onto me'
    'welcome' (weak)
b) *sururu daa-ʔe*
   deep: soil come-3S
   'let deep soil come onto me'
   'welcome' (stronger)
c) *suk'k'u sururu daa-ʔe*
   top: soil deep: soil come-3S
   'let top soil and deep soil come onto me'
   'welcome' (strongest)

It is claimed by the informants that there is a regional difference within Sidama in the use of the expressions of the welcoming phrases. Thus, the greeting phrases with self-cursing in 4a to c are said to be common in the Hula, Arbegona and Bunsa areas. The greeting phrases which are found to be used mostly in Hawassa and Aleta area include the following:

(5a) *daantʃu daa-ʔe*
    good come-3S
    'let good come to me'
    'welcome' (weak)
b) *suk'k'u daa-ʔe*
   top.soil come-3S
   'let the top soil come to me'
   'welcome' (stronger)
c) *buk'k'isu daa-ʔe*
   heavy.compacted.soil come-3S
   'let a heavy-compacted soil come onto me'
   'welcome' (strongest)

Some of the greeting phrases, such as *suk'ku daaʔe* seem to be common to all the Hula, Arbegona, Bunsa, Hawassa and Aleta areas. The greeting phrases, particularly the soil names used for self-cursing as a welcoming, vary in the other Sidama lowland areas, such as Bona, Bensa and Chire. The greeting phrases used in these areas include the examples given in (6):

(6a) *maantʃu daa-ʔe*
    low land.light.soil come-3S
    'let light soil come to me
    'welcome' (weak: similar to *daaʔe buʃʃu*)
b) *kotitʃu daa-ʔe*
   heavy.soil come-3S
   'let heavy soil come to me'
   'welcome (stronger: similar to *suk'k'u daaʔe*)
c) *kototu daa-ʔe*
   deep.soil come
   'let heavy deep soil come onto me'
   'welcome (strongest: similar to *buk'k'isu daaʔe*)

Syntactically, it is found that *daaʔe buʃʃu* [come soil] is possible structure, but it is not common to say *buʃʃu daaʔe*. To the contrary, *maanʧu daaʔe* and *kotiʧu daaʔe* are possible structures, but it is not acceptable to say *daaʔe maanʧu* or *daaʔe kotiʧu*. Thus, it is possible to say that there is a difference in the lexical choices of welcoming phrases in different areas of Sidama, instance of dialect variation. There are lexical and structural variations in the phrases used in the different areas of the Zone.

Culturally, the welcoming phrase *daaʔe buʃʃu* can be used both by male and female to welcome a guest of any gender. However, *suk'k'o daaʔe* and *sururu daaʔe* are more often used by women only. Thus, gender difference in the Sidama culture determines a language use. This was also the case in Gurage languages in which self-cursing is used as greeting only by woman (Fekede and Ruth forthcoming).

It is also important to note that such respect and endearment expressing welcoming phrases are often used when one welcomes a son or daughter, a son's wife (daughter-in-law) or a daughter's husband (son-in-low). They are also used in a situation when a loved person has come unexpectedly.

Though soil in its different types metaphorically expresses 'wish for a death to come in adversity of addresser welcoming a guest,' a more straight forward term for a death may also be used to welcome a person as in (7):

(7) *da-nawa ʔani*
    come-death me
    'let death come onto me'/ 'let me die for you'

This phrase of welcome is much affectionate than the others, since it outwardly expresses the most feared 'death' to come onto the person greeting the guest.

Greeting time

Greeting varies depending on the time of meeting (morning, after noon, evening), days and years. It also varies depending on whether it is a casual or a holiday. It still may vary depending on the events or circumstances that take place, such as a woman gave birth to a baby, somebody has been circumcised, someone has got a new job or position, etc.

Morning

Sidama people do not actually wish to a person his morning be good as it is the case in English. They rather ask how well the person has spent the last night. The response is also based on the way the night was spent,

but usually 'peacefully' is expected. The examples in (8) show greetings in the morning addressed to 2PL/POL, 2SM and 2SF forms:

(8a) Greeting: *keere gal-tini*
              Peace spend. night-2PL/POL
              'Good morning to you (PL/POL)
b) Response: *keere holla*
              Peace spent. night
              'We spent the night peacefully'
c) Greeting: *keere gal-ita*
              Peace spent. night- 2SF
              Good morning to you (SF)
d) Greeting: *keere gal-ito*
              peace spent night -2SM
              'Good morning to you(SM)'
e) Response of (8c-d): *keere holla*
              peacefully spent. night
              'I / we spent the night peacefully'

The morphemes {-tini}, {-ita} and {-ito} show second person plural or polite, second person feminine and second person masculine, respectively. The initial consonant of the second person plural and polite is deleted if a verb root has geminated consonant to avoid impermissible three consonant clusters. The example in 9a demonstrates this. However, different variants of these agreement affixes are also observed in 10.

Evening

Similar to the 'greetings of good morning,' the wish for good evening in Sidama culture is asking about how well the day was spent by interlocutors. The examples in 9 show the greeting phrases used in the evenings:

9a) *keere hoss-ini*
    Peace spend. day- 2PL/POL
    'Good evening to you (PL/POL)
b)   *keere hoss-ita*
    Peace spend. day- 2SF
    Good evening to you (SF)
c)   *keere hoss-ito*
     Peace spend. day-2SM
    'Good evening to you (SM)'
d) The response of (9a-c) is: *keere hossa*
    peacefully spent. day
    'I / we spent the day peacefully'

Leave taking and saying goodbye are done with similar

greeting phrases as shown in 8 and 9. The main difference is only structural where the 'goodbye' phrases have imperative form; whereas, the leave taking forms have interrogative forms. The examples in 10 are phrases used for leave taking. They have the meaning of wish: 'have a good night' (10a-b) and 'have a good day' (10 c-d):

10a) *keere gall-e*
　　Peace spend: night-2PL/POL
　　Good night to you (PL/POL)
 b) *keere gall-i*
　　Peace spend.night-2SF/M
　　'Good night to you (SF&M)'
 c) *keere hoss-i*
　　Peace spend.day (2SM/F)
　　'Have a good day/ Good day to
　　you(SM/F)'
 d) *keer hoss-e*
　　Peace spend. day-PL/POL
　　'Goo day to you PL/POL'

In a New Year

A New Year greeting phrases are different from the greeting phrases used in the morning and at night. It is worth to note that Sidama people have their own calendar which is a lunar. The calendar has 12 months with equal 30 days and five or six extra days that are separately considered a month; hence, a total of thirteen months. Sidama New Year is usually celebrated around the end of July. The exact day is not known because it varies depending on a particular star and the moon. Elders particularly renowned for star counting have to sit and predict the day of the New Year. Then, they announce to the people of Sidama to get prepared for the holiday. Two holidays, namely *Fiche* and *Chambalalla* take place in the consecutive days. Fiche, which comes first (at the eve of the new year), is dedicated, as a memorial day, to a very kind Sidama woman who was called Fiche. The holiday was named after the woman based on the decisions of Sidama elders. Chambalala is the actual holiday of the New Year.

　Greeting expressions used during the New Year slightly vary between the urban (educated elites) and the rural people of the community. The examples in 11a and b are often used by the educated and urban dwellers:

11a) *hawalle keeru-ni haro diro ʔiili-tini*
　　Well peace-in new year arrived-2PL/POL
　　'Happy new year to you (PL/POL)'
 b) *hawalle fiʧʧete ʔajana keeru-ni ʔiili-tini*
　　well new. year   holiday peace-in
　　arrived-2PL/POL
　　'Happy Fiche Holiday to you (PL/POL)'
 c) *hawalle fit'ari barira keeru-ni ʔiili-tini*

Well Fiche. holiday day peace-in arrived-2PL/POL
　　'happy Fiche Holiday to you(PL/POL)'
 d) *ʔajid-e ʧ'ambalalla*
　　arrive. you (PL) Chambalalla
　　'You all arrived well for Chambalalla holiday!'

The greeting phrase in 11a is used at any days, beginning from Fiche and at the day of Chambalalla. It may be used after Chambalalla as a belated New Year greeting. However, the greeting phrase in 11b is used only on the Fiche holiday. Rural people tend to use the phrase shown in 11c. They use *fit'ari barira* instead of *fiʧʧete ʔajana*.

Response to 11 (a-d) is: *ʔiil-e*
　　　　　　　　　　　　arrive (2PL/POL)
　　　　　　　　　　　　'You (2PL/POL} arrive
　　　　　　　　　　　　well',

You and we all have arrived well to the Chambalalla holiday! This phrase is used only on the day of Chambalalla. Every person coming to a home wishes: *ʔajide ʧ'ambalalla* and the response is just *ʔiile*.
　Usually guests coming to a home to wish a happy Chambalalla carry a spear or a stick with them. As they step into the house, often after they have been welcomed, they put their spears and sticks at the entrance (outside the house) and they get in. The guest, whoever coming home, eats a food called *boorsame* 'cultural food made of '*Wasa,*' a product of ensete plant which is mixed with butter and milk. Meat is not eaten on this day. If there was a meat stock in the house or a fridge, it must be taken out of the house. People believe that their cattle may die if meat was eaten or kept at home on the day of Chambalalla. On the eve of Chambalalla, that is, on the day of Fiche, people who had quarreled must be negotiated.

Circumcision and greeting

Circumcision plays the role of an inclusion of a man into elders' membership. It may take place during childhood or culturally when a person becomes an adult. If a person was circumcised during his childhood, there must be another ceremony of inclusion to adulthood. That ceremony entails touching upper part of his leg (near genital) with a knife as if he is circumcised at the moment by an elderly person. People sing *heebo;* an elderly person leads the song and others receive the chant saying: *hee*. Then, a ram is slaughtered by an elderly man among those gathered for the ceremony. A soft grass called *məraʧ'a* is immersed into the blood of the sheep, and then the boy's neck, at the back towards his shoulder, is smeared with the blood. The elderly man who touched the person with a knife (simulated circumcision) utters: *koʔlu kulohe* 'let your mind leads you

about what may going on around you.'

After the 14th days of this inclusion ceremony, the boy himself slaughters a cow and feeds the elders and the community. This ceremony is called *buula*. Here after, he is a full member of the adult community, and he wears adults' clothes called *gonfa*. If a boy is circumcised in adulthood, which is the custom, the inclusion to adulthood takes place at the same day of the circumcision.

The person who is re-circumcised as simulation when he became an adult, or the one who culturally circumcised when he is actually adult, are taken to a river side after a seclusion period, for a month or more. This period varies depending on the wealth of the circumcised parents, friends, etc. It is worth to note that the circumcised persons stay in this period in a small hut built for them and typically meant for the circumcision ceremony. Then, the leg toe of the to be re-circumcised in simulation is immersed into the river water, and then the elders sing *heebo-heey*. Then after, the circumcised persons are brought back to their actual home. A person who feeds the circumcised is called *jaala*. The jaala feeds the person from the day of circumcision to the completion of the seclusion, a period that ensures inclusion to the adult community. The jaala is assigned for the purpose by elders. Other relatives of the circumcised or a wife (a person may marry a wife before a circumcision) cannot feed the person. The time a person is circumcised depends on his wealth, which suffices for the circumcision feast. The greetings to a circumcised person go as follow:

12a) Greeting: *holgidi manna magalale keeru-ni saʔini*
        bedroom men circumcision-knife
        peace-in passed
         'Congratulations to you (POL) for
        escaping the knife'
b) Response: *keere saʔnomolla*
         Peace passed
         'We passed safely' (the response
         is made by the *jaala* not by the
         circumcised person).

13a) Greeting: *saʔine hobakinoni*
            Passed without-dying
            'You passed (escaped without dying)'
b) Response: *keere saʔnomolla*
          Peace passed
          'We passed safely'
14a) Greeting: *t'uru t'umiha ʔikkoʔne*
            wound peace let. be
            'Let the circumcision be for good
            luck in your future life'

Asking about health and treasure

The welcoming phrases are followed by extended

greeting expressions which may ask about the health of a person, kids, animals, villagers and the country at large as in the examples in 15:

(15) Person Greeting phrase Gloss
    2SM keere nooto [peace exist] 'How are you?'
    2SF keere noota [peace exist] 'How are you?'
    2PL/POL keere heʔdino-ni [peace live(exist)] 'How are you?'

The response to all the greetings in 15 is *keere holla* [peace exist] 'I am / we are fine'. The person who was asked about his health also asks how the interlocutor's health was as in 16:

(16a) *ʔati keere-ho?*
       You (SM/ F) peace-exist (ho is short form of holla)
       'Are you fine'
b) *keere holla*
    Peace exist
    'I am fine'
c) *kiʔne keere-ho?*
     you (PL.POL) peace-exist
    'Are you (PL.POL) fine?'

The greeting in 16(c) may be rephrased as in (17):

(17a) *keere heʔdi-noni?*
       Peace exist-2PL.POL
       'How are you(PL.POL) ?'
b)   *keere holla*
     Peace exist
     'We are fine'
c)   *ʔani keere holla*
     I peace exist
     'I am fine'

The interlocutors may further continue, as discussed earlier, asking about the health of a third party that is not actually in the conversation as in (18):

(18) Person Greeting Phrase Gloss
    3SMʔisi keere-ho? [he peace-exist] 'Is he fine?'
    3SFʔise keere-ho? [she peace-exist] 'Is she fine?'
    3PLʔinsa keere-ho? [they peace-exist]'Are they fine?'

The response to all the greeting phrases on 18 is *keere holla* 'S(h)e is fine'/ 'they are fine'.

Impersonal and specified greetings

An impersonal greeting phrase is used to address a third person(s) as shown in (19):

(19a) *keere-ho (lla)?*

peace-exist
'Is it a peace?'
b)   *hiʔiito-ti?*
how-COP?
'How is it?'

Keere holla ' is it a peace' pragmatically implies that everything (health, family, weather, etc.) is in good order. Similarly, *hiʔiitoti* 'how is it?' asks more general issues, be it a business, health, political stability and others. It can be roughly equated with *'what is up?'*. The response to the greeting phrases in 19 is *keere holla* which may mean 'It/he is fine'. More specific responses to the same question may also be used as in 20:

20a) *dantʃa holl-a*
well/fine exist-3SM
'He is fine'
b)   *dantʃa-te*
fine-3SF
'She is fine'
c)   *dantʃule-ho*
fine-3PL-exist
'They are fine'

Age and gender in greeting

A new comer first greets, irrespective of his age, and then those in place respond to the greeting for the conversation to continue. On streets, anybody who sees a person first greets, and the other responds. Believers may greet a priest first, or the greeting may be preceded with the priest's blessing believers with his cross which may be followed by his formulaic greetings asking about 'health,' including about 'the health of the interlocutor's belief'. Though youngsters greet elders first, the reverse is also possible depending on the situation. Generally, a less powerful person greets people who are in power first. The power could be religious, political, age-based, marriage-based, etc. Regarding gender, anyone who sees a person first greets. Usually women greet men first though this is not strictly adhered.

Listening responses

Different types of listening responses are used by the Sidama people during conversation. Some of the common phrases include the following:

21a) *ihhi*
'Ok, continue'
b)   *eeja*
'Is that so'

22a) *attot-ni haada*

like that-was
'Was that so'
b)   *hiike hatu ʔika-dandi*
how person like: that. happen-PST.COP
'How comes the person happened to do like that'
c)   *hiito hatu ʔika-dandi*
how a.thing like. that. happen. PST.COP
'How comes it happened like that'
d)   *hiikite hatu ʔika-dandi-tu*
how person. thing. PL like. that. happen-PST.COP-PL
'How comes they happened (to do) like that'

The same plural form is also used for third person singular feminine; thus the structure overlaps. It seems that third person singular feminine marker and plural marker are homophones. Nodding of head up and down is also used as a signal to continue a conversation. So, listening responses are not only verbal but also none verbal. In a telephone conversation, *ihii* is used as a listening response, and greeting on telephone begins with *haloo*.

Declaratives as greetings

Some casual, as opposed to the holiday, greeting expressions are short and seem informing:

23a) beeto daa-gu
girl came 'welcome girl'
b) seenu daa-ji
girls-came 'welcome girls'
c) beetu daa-ji
boy came 'welcome boy'
d) ʔooso daa-gu
boys came welcome boys
e) meentu daa-ji
the women came 'welcome women'

Another frequently used greeting phrase is *ʔanne kira* [I yours] which roughly means '*whatever bad thing may happen to you, be it done to me.*' The actual cultural meaning with regard to welcoming with this expression is more than the words. It was also heard its contracted form as *ʔannera.*

Body language in greeting

Different types of non-verbal cues, mainly body languages are used for greeting purposes in Sidama culture.

Hugging and kissing

The most commonly used body languages for greeting purposes are hugging, kissing and bowing. A person

greets another person by hugging at the front part of a body towards the chest, and then by kissing at the cheeks and lips. However, there are a number of restrictions on who can or cannot kiss a person for greetings. For instance, a son-in-law can kiss his father in law and vice versa, but he cannot do so to his mother in law. Similarly, daughter in law may kiss and greet her mother in law, but not her father in law. In such instances, the greeting phrase *daaʔe buʃʃu* is used without kissing.

Lips' kissing during greeting is possible between brothers, a brother and sister, a father and children, a mother and children, a woman with a woman, and a man with a man. Adults can kiss kids at lips irrespective of their gender. Ethnicity and tribal differences do not matter as to who may greet first. Yet, there is a tendency for a person who is socially or ethnically higher is greeted first both in kissing and verbally. A woman or a man kissing an opposite sex, other than his wife or her husband, is considered adultery. In fact, a husband and a wife often do not kiss one another for greeting purposes.

Bowing

Bowing is very common when greeting the people on power, religious leaders, elderly fathers, a mother in law, and a father-in-law. The bowing involves making a head down towards the front chest. The extent of bowing a head down shows the degree of respect and politeness offered to the person greeted.

Lying down on chest

Someone who has done something wrong often asks for an excuse by bowing, and then further lying down on a ground on a chest while touching the legs of the person against whom something wrong had been done. This apology request is considered more important than penalty with money or other treasure. The relatives of the person who did something wrong stand from their seats and stand still until the person who was asked an apology grants the apology. If the person takes time hesitating to apologize, the relatives and friends of the wrong dower lie down on their chest as well to request apology for the behavior of their relative.

Exception to the culture of lying down on the chest to ask for apology is when parents have done something wrong against their children. The parents may ask for an apology to their children orally but they never lie down on the chest. So, age and relationship between interlocutors' matters as to who may lie down seeking apology. Sidama elders believe that the child may die if the child's parents had lied down on their chests to ask for an apology from their children. In reverse, the elders order the child to ask for an apology from his parents though the parents are

actually responsible for the mistake. The following saying shows this very fact:

24) *ʔanu beeto ʃorani ʔubiro halale ʔana-ho gannani*
    father son: daughter chasing lies issue father-for judged
    'If a father lies down and gets hurt while chasing his son/daughter, the child is caught guilty.'

The expectation is that the child should not run away from the father, and he has to receive punishment. The child's wrong doing for anything else and his running away to escape the punishment is considered a double guilt.

At a wedding day, the bridegroom and his best men come to the bride's home. They enter into the house and tell the girls family that they are messengers from the bridegroom's family. If they are allowed *to sit down*, it means that they are *welcomed*. They, then, will have food and drink prepared for the wedding ceremony. When the bride leaves her parent's home, the parents kiss her as a sign of goodbye. Nobody from the bride's family kisses the bridegroom or his best men.

Farewell

'Keer'- 'peace' plays the main role in saying to someone goodbye as it does in welcoming. The following in 34 are a few examples of farewell phrases:

(25a) *keeru-ni keeʃi*
    peace-in happen
    'Goodbye (2SM/F)'
b)   *keeru-ni keeʃe*
    peace-in happen
    goodbye (2PL. POL)
c)   *keeru-ʔate ledo ʔiko*
    Peace-you(2SM/F) with be
    'Let peace be with you'

These farewell phrases are often used for someone leaving for a place that is far away from the residence of the person, or for someone who may stay for a long time in the destination. For short time leaves, greeting phrases, such as *keere galli* 'good night' and *keere hossi* 'have a good day' are used.

CONCLUSION

In this study, the researcher has discussed the socio-cultural and pragmatic uses of greetings in the Sidama culture. Greeting is found to be very important tool to begin a conversation and smoothen relationships. *Keero* 'peace' and *daaʔe* 'welcome' are the most common

expressions used to greet and welcome people. Whereas *daaʔe* is specifically used for welcoming, *keero* combined with other words is used both to welcome and farewell a person. The expression *daaʔe* combined with different layers of soil is used to express levels of welcoming (weak, mid-level or strong) somebody. Socio-cultural variables, such as age, power, social status, marital relationships and circumcision determine the types of greeting expressions to be used. Greetings are also accompanied by non-verbal cues, such as hugging, kissing and bowing. Marital relationship affects who may and may not greet someone through kissing.

It was found that there is conceptual convergence in the greeting phrases among Afro-asiatic languages including Sidama. For instance, the Sidama greeting phrase *keero* 'peace' is found to be common to Ethiosemitic languages, such as Amharic '*selam*', Gurage '*keer*'; Omotic language such as wolayta '*saro*', and Nilo-Saharan language, such as Nuer '*maale'*. In all these languages, the words in Italics refer to 'peace'. A further comparative study of greeting phrases may help to uncover the typology of greeting expressions in terms of semantics in particular, and cultural categorizations in general.

It is recommended that the greeting culture of Sidama has to be studied in more details, and be integrated into the education system of Sidamu afo. Cross-cultural study of greeting system associated with self-cursing (which is very common in Afro-Asiatic) may help to uncover the semantics and pragmatics of language and the constituted socio-cultural settings.

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Conflicts of interest

The author has not declared any conflict of interests.

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